

Michigan Department of Consumer & Industry Services
Bureau of Health Systems - Emergency Medical Services Section
525 W. Ottawa, P.O. Box 30664
Lansing, MI. 48909
Phone: (517) 241-4917
Fax: (517) 241-3423

CERTIFICATE OF INSURANCE/COVERAGE FOR LIFE SUPPORT AGENCIES

Authority: P.A. 368 of 1978, as amended

(To be completed by insurance or participating plan company and returned to the insured)

The subscribed insurance or participating plan provider certifies that insurance/coverage of the kinds and types and for limits of liability covering the life support vehicles designated has been procured by and furnished on behalf of the insured/covered named below.

Name of Insured/Covered		
Address of Insured/Covered		
City	State	ZIP

Life support vehicle liability coverage with respect to owned, hired, and non-owned vehicles.

Policy Number	Effective Date	Expiration Date
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***Limits of liability**

Bodily Injury Coverage For Each Person	Bodily Injury Coverage For Each Crash	Property Damage Coverage For Each Crash
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*Provide a certificate of no-fault insurance or coverage with residual liability coverage of not less than one million dollars (\$1,000,000) per crash (accident) or other proof of self-insured authority.

Is this a fleet policy?

☐ Yes

☐ No - Attach a list of life support vehicles used by the covered entity named. Include year, make, vehicle type, and vehicle identification number.

The subscribing company agrees that no policy referred to herein shall be changed or canceled until ten (10) days written notice has been given to the Emergency Medical Services Section of the Michigan Department of Consumer & Industry Services.

Name of Company	Agents Name		
	Agents Address		
	City	State	Zip